P.O. Box 830 • Hendersonville, TN 37077-0830 (615) 822-3295 • Fax: (615) 264-2435

U.S. Environmental Protection Agency
ATTN: Anita Boseman
77 West Jackson BLVD
Chicago, IL 60604-3590
Mail Code: SE-5J

Invoice Number:

937228

Invoice Date:

11/6/2002

**Customer Number:** 

Job Number:

20820

Due Date:

11/16/2002

INVOICE

Environmental Protection Agency
Research Triangle Park Financial
Management Cntr. (Mail Code MD-32)
Research Triangle Park, NC 27711

## \*\*THIS INVOICE IS SUBJECT TO A MONTHLY FINANCE CHARGE\*\*

DATE DESCRIPTION AMOUNT

THIS INVOICE IS FOR FHI PROJECT NO. 20820

TO PROVIDE PERSONNEL, EQUIPMENT, MATERIALS, AND SUPERVISION FOR EMERGENCY RESPONSE SERVICES AT THE GARY DEVELOPMENT

IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE PLEASE FEEL FREE TO CONTACT ONE OF THE FOLLOWING: RON LUCY, PROJECT MANAGER AT 614-836-8516 OR MIKE HEXTELL, PROGRAM MANAGER AT 770-844-1444.

PROJECT SERVICE COST

7 147 12

**GROSS BILLINGS:** 

7 147 12

**NET BILLINGS:** 

7,147.12

THANK YOU WE APPRECIATE YOUR BUSINESS.



| Sta               | ndard Form 1034   |   | <u> </u>                           | · · ·       |                               |                |               | JVOUCHER !            | NO. 0086-01                          |  |  |  |
|-------------------|---|---|------------------------------------|-------------|-------------------------------|----------------|---------------|-----------------------|--------------------------------------|--|--|--|
| Rev               | ised January 1980   |   | DUBLIC VOI                         | IICHI       | ER FOR PURCH                  | ASES AI        | חו            |                       |                                      |  |  |  |
|                   | artment of the Trea   | sury  | 1                                  |             | THER THAN PER                 |                | ND.           | ]                     |                                      |  |  |  |
|                   | RM 4-2000   |   |                                    | COUEDINE NO |                               |                |               |                       |                                      |  |  |  |
| l                 | ,   |   | ESTABLISHMENT AND LOCAT            | יטןאטוו     |                               | SCHEDULE NO.   |               |                       |                                      |  |  |  |
| ı                 | vironmental   |   | <del>-</del> -                     | -           | 11/6/2002                     | PAID BY        |               |                       |                                      |  |  |  |
| 1                 | esearch Tria  | _   |                                    |             | ONTRACT NUMBER AND D          |                |               | PAID BY               |                                      |  |  |  |
| ľ                 | •   | •   | Code MD-32)                        | <u> </u>    | 68-S5-99-21 9/30/9            |                |               |                       |                                      |  |  |  |
| Re                | esearch Tria  |   | ,                                  |             |                               |                |               |                       |                                      |  |  |  |
| <u> </u>          |   | {   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| ĺ                 |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
|                   |   | ł   |                                    |             |                               |                |               | Ì                     |                                      |  |  |  |
| İ                 | PAYEE'S   |   |                                    |             |                               |                | •             |                       |                                      |  |  |  |
|                   | NAME  |   | F                                  |             | 4 4                           |                |               | DATE INVO             | ICE RECEIVED                         |  |  |  |
| 1                 | AND   |   | Ferguson Harbour II                |             |                               |                |               |                       |                                      |  |  |  |
| [                 | ADDRESS   |   | 65 Industrial Park D               |             | 7.E                           |                |               | DISCOUNT TERMS        |                                      |  |  |  |
| 1                 | Hendersonville, TN 37075  |   |                                    |             |                               |                |               |                       | 0.5%, 10 Days PAYEE'S ACCOUNT NUMBER |  |  |  |
|                   |   |   |                                    |             |                               |                |               |                       | 20820                                |  |  |  |
|                   |   |   | ТО                                 |             |                               | WEIGHT         |               | GOVERNMENT B/L NUMBER |                                      |  |  |  |
| SHI               | PPED FROM   |   | GOVERNMENT B/L NUMBER              |             |                               |                |               |                       |                                      |  |  |  |
|                   | IUMBER  | DATE OF   | ARTICLES OR SER                    | DVICE C     |                               | T              | T             | L                     |                                      |  |  |  |
|                   | DATE DELIVERY (Enter description, item number   |   |                                    |             | ontract or Federal supply     | UNIT           | PRICE         | AMOUNT                |                                      |  |  |  |
| _                 | C ORDER   | OR SERVICE  | schedule, and other in             |             |                               | TITY           | COST          | PER                   | (1)                                  |  |  |  |
| 1000              | 6-8/27/02   | B-8/27/02   | For detail see S                   |             |                               | 1              | 1             |                       |                                      |  |  |  |
| ì                 |   | E-09/29/02  | Total amount claime                |             | . •                           |                | ł             | 1                     |                                      |  |  |  |
|                   |   |   | Indefinite quantity/Indefin        | ite delive  | ery Provisional Payment       | ł              | ļ             |                       |                                      |  |  |  |
| l                 |   |   | DELIVERY ORD                       | ED N        | O 0021 05 096                 |                |               |                       |                                      |  |  |  |
| ł                 |   | Ì   | DELIVERYORD                        | CL IA       | O. 9921-03-000                | l              | 1             |                       |                                      |  |  |  |
|                   |   |   | Diago Sao Br                       | rookd       | own Attached                  |                | }             |                       |                                      |  |  |  |
| ĺ                 | Please See Brea   |   |                                    |             | DWIT ALLACHED                 |                | 1             | ]                     |                                      |  |  |  |
| ł                 |   | }   | j                                  |             |                               |                | ł             | }                     |                                      |  |  |  |
|                   |   |   |                                    |             |                               |                |               | [                     |                                      |  |  |  |
|                   | tinati about  | (a) if page 2224                                      | (Payor)                            | muct        | NOT use the space             | <u> </u>       | TOTAL         | \$7,147.12            |                                      |  |  |  |
| <u> </u>          | <del></del>   |   |                                    |             | ANGE RATE                     | DIFFERENCES    |               | Ψ1,141.12             |                                      |  |  |  |
| 1                 | PROVISIONAL   | ATTROVEST   |                                    |             | THOS IVII S                   | Dir I EILENGES |               |                       |                                      |  |  |  |
| "                 |   | 2   | =\$                                | <u> </u>    | <del></del>                   | <del> </del>   |               |                       |                                      |  |  |  |
| 0                 | COMPLETE  | BY <sup>2</sup>                                       |                                    |             |                               | <u> </u>       |               |                       |                                      |  |  |  |
| 0                 | PARTIAL   | 1   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| 0                 | FINAL   |   |                                    |             | Amount verif                  |                |               | ied; correct for      |                                      |  |  |  |
| 0                 | PROGRESS  | TITLE   |                                    |             |                               |                | (Signature or | initials)             |                                      |  |  |  |
| ٦                 | ADVANCE   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| <del>-</del>      |   | vested in me. L                                       | certify that this voucher is corre | ct and n    | roper for payment             |                |               |                       |                                      |  |  |  |
| ,                 | oddin to domorny  | , , , , , , , , , , , , , , , , , , ,                 | sormy mak and voucher to corre-    | ot and p    | roper for paymont,            |                |               |                       |                                      |  |  |  |
| 1                 |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
|                   | (Date)  | · ———   | (Authorized Certifying Officer)    | 2           |                               | <u> </u>       |               | (Trtle)               |                                      |  |  |  |
| ļ                 |   |   | AC                                 | COUN        | ITING CLASSIFICATION          |                |               |                       |                                      |  |  |  |
|                   |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
|                   |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| <del> </del>      | CHECK NUMBE   | IECK NUMBER ON ACCOUNT OF U.S. TREASURY ICHECK NUMBER |                                    |             |                               |                |               |                       | nk)                                  |  |  |  |
| <u> </u>          | J. 1201( 14011DL  | ••  | 5                                  | .30/(1      | J. LON HOLLY                  |                | (Name of ba   | ,                     |                                      |  |  |  |
| ) A               |   |   |                                    |             | PAYFF 3                       |                |               |                       | <del></del>                          |  |  |  |
| CASH DATE PAYER 3 |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
|                   |   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
|                   | 1 When stated in foreign currency, insert name of currency.   |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| 2                 | 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| 3                 | When a voucher  | is receipted in t                                     | he name of a company or corpo      | ration, t   | he name of the person writing |                |               |                       |                                      |  |  |  |
|                   | or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per<br>John Smith, Secretary", or "Treasurer", as the case may be.                               |   |                                    |             |                               |                |               |                       |                                      |  |  |  |
| PREVIO            | US EDITION USABLE   |   |                                    | 1034-11     | 19-06                         |                |               |                       | NSN 7540-00-900-2234                 |  |  |  |

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Ferguson Harbour Incorporated

**Environmental Protection Agency** 

Research Triangle Park Financial

Research Triangle Park, NC 27711

Management Cntr. (Mail Code MD-32)

**VOUCHER # 0086-001** SCHEDULE # SHEET NO. 1 **DATE 11/6/2002** INVOICE # 937228

FHI PROJECT # 20820 **CONTRACT # 68-S5-99-21** 

D.O. # 9921-05-086

PAYEE'S NAME AND **ADDRESS**  FERGUSON HARBOUR INCORPORATED 65 INDUSTRIAL PARK DRIVE HENDERSONVILLE, TN 37075

TERMS: NET CASH UPON PRESENTATION OF INVOICE PROJECT: 20820 SERVICE DATES FOR PERFORMANCE PERIOD: 9/3-9/29/02 CATEGORY CURRENT **CUMULATIVE** 947.78 LABOR - FIXED RATE 947.78 Less Provisional Rate Retainage 0.00 0.00 LABOR ADJUSTED 947.78 947.78 TRAVEL & SUBSISTENCE 0.00 0.00 **EQUIPMENT - FIXED RATE** 56.30 56.30 Less Provisional Rate Retainage 0.00 0.00 **EQUIPMENT ADJUSTED** 56.30 56.30 MATERIAL/OTHER DIRECT COSTS 0.00 0.00 SUBCONTRACT SERVICES SAMPLING/ANALYSIS 0.00 0.00 **TRANSPORTATION** 0.00 0.00 DISPOSAL 6,143.04 6,143.04 **TECHNICAL SERVICES** 0.00 0.00 **TOTAL INVOICE** 7,147.12 7,147.12 CERTIFICATION: I CERTIFY THAT THIS INVOICE IS CORRECT AND IN ACCORDANCE WITH TERMS OF THE CONTRACT AND THAT THE COSTS INCLUDED HEREIN HAVE BEEN INCURRED, AND PROPERLY REFLECT THE WORK PERFORMED. Program Manager Title CERTIFICATION:

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SERVICES SHOWN ON THE INVOICE

HAVE BEEN PERFORMED AND ARE ACCEPTED.

Signature

CLIENT

USEPA

PROJECT #

20820

BILL DATE

11/6/2002

1900-55 1

| DATE  | E .       |    | PERSONNEL |    | IPMENT | EXPENDABLES/OTHER |                                       | PER DIEM |          | SUB |          | TOTAL |          |
|-------|-----------|----|-----------|----|--------|-------------------|---------------------------------------|----------|----------|-----|----------|-------|----------|
|       | 9/29/2002 | \$ | 947.78    | \$ | 56.30  | \$                | • • • • • • • • • • • • • • • • • • • | \$       | <u> </u> | \$  | 6,143.04 | \$    | 7,147.12 |
| TOTAL |           | \$ | 947.78    | \$ | 56.30  | \$                | -                                     | \$       | -        | \$  | 6,143.04 | \$    | 7,147.12 |